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FACSIMILE COVER SHEET**TO:** U.S. Patent & Trademark Office
Central Facsimile**FROM:** Frank L. Gire (Reg. No. 42,419)**RE:** U.S. Application No. 09/836,163
Attn: Examiner W. Lin
Group Art Unit 2154
Atty. Docket No. 00169.002020**FAX NO.:** (703) 872-9306**DATE:** April 13, 2005**NO. OF PAGES:** 18
(including cover page)**TIME:** 6:15 p.m.**SENT BY:** Gina**MESSAGE**

Transmitted herewith is an Amendment and an Amendment Transmittal in response to the Office
Action dated January 13, 2005.

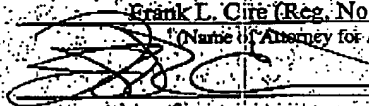
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(Name of Attorney for Applicant)



Signature

April 13, 2005

Date of Signature

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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APR 13 2005

In re Application of:)
:)
WILLIAM SIMPSON-YOUNG, et al.)
:)
Application No.: 09/836,163)
:)
Filed: April 18, 2001)
:)
For: TRANSPARENT)
TELECOMMUNICATIONS)
SYSTEM AND APPARATUS)
April 13, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

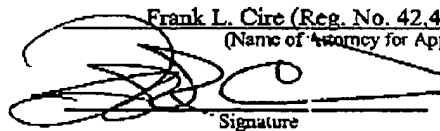
Sir:

In response to the Office Action dated January 13, 2005, please amend the
above-identified application as follows:

I hereby certify that this correspondence is being facsimile transmitted
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

April 13, 2005
(Date of Transmission)

Frank L. Cire (Reg. No. 42,419)
(Name of Attorney for Applicant)


Signature

April 13, 2005
Date of Signature

In re Application of:

Docket No. 00169.002020.

WILLIAM SIMPSON-YOUNG, et al.

Examiner: W. Lin

Application No.: 09/836,163

Group Art Unit: 2154

Filed: April 18, 2001

Date: April 13, 2005

For: TRANSPARENT TELECOMMUNICATIONS SYSTEM AND APPARATUS

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 37	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 8	MINUS	*** 10	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Frank L. Cire
Registration No.: 42,419

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